

LME Alternative Service Request for Use of DMHDDSAS State Funds**For Proposed MH/DD/SAS Service Not Included
in Approved Statewide IPRS Service Array**

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME		b. Date Submitted
Sandhills Center		03/02/09
c. Name of Proposed LME Alternative Service: Jail Diversion A Statewide Alt Service Definition – YA345		
d. Type of Funds and Effective Date(s): (Check All that Apply)		
<input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09		
e. Submitted by LME Staff (Name & Title)	f. E-Mail	g. Phone No.
Victoria Whitt, Deputy Director/COO	victoriw@sandhillscenter.org	910-673-9111
<u>Background and Instructions:</u>		
<p>This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an LME Alternative Service Request for Use of DMHDDSAS State Funds.</p> <p>This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.</p> <p>Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.</p> <p>Please note that:</p> <ul style="list-style-type: none"> an individual LME Alternative Service Request form is required to be completed for <u>each</u> proposed Alternative Service; a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to <u>directly</u> provide an approved Alternative Service; and the current form is <u>not</u> intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008. 		

Requirements for Proposed LME Alternative Service	
<i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	Alternative Service Name, Service Definition and Required Components <i>(Provide attachment as necessary)</i> Jail Diversion
2	Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array Currently, no MH/DD/SA state-funded services can be provided to persons in local jails, and reimbursed through the IPRS system.
3	Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition A service is needed to enable outreach to individuals with mental illness, developmental disabilities, mental illness/substance abuse, and mental illness/developmental disability/substance abuse disorders who are housed in the local jails. This service is necessary to identify and advocate for persons with mental illness, developmental disabilities, and substance abuse problems who may be incarcerated due to behaviors resulting from their illness or disability, and who could be diverted from jail to treatment at little risk to public safety. Medicaid will not reimburse for these services provided in jail.
4	Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i> <input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 200 per year
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service 200 people x 32 units of service per person x the cost per unit of service (\$16.50) = \$105,600
7	Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i> <u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO <u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS <u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD <u>Adult MH:</u> <input type="checkbox"/> All <input checked="" type="checkbox"/> AMSPM <input checked="" type="checkbox"/> AMSMI <input checked="" type="checkbox"/> XAMDEF <input checked="" type="checkbox"/> XAMPAT <input type="checkbox"/> AMSRE <u>Child DD:</u> <input type="checkbox"/> CDSN

	<p><u>Adult DD:</u> <input checked="" type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p> <p><u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input type="checkbox"/> All <input checked="" type="checkbox"/> ASCDR <input checked="" type="checkbox"/> ASHMT <input checked="" type="checkbox"/> ASWOM <input checked="" type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input checked="" type="checkbox"/> ASDHH <input checked="" type="checkbox"/> ASHOM <input checked="" type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p style="text-align: right;">\$ <input type="text"/> <input type="text"/> 16.50 per 15 min.</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service (Provide attachment as necessary) This rate reflects the average intensity and frequency of services needed to accomplish the desired outcomes for individuals served.</p>
11	<p>Provider Organization Requirements</p> <p>Jail diversion services must be delivered by practitioners employed by a mental health / developmental disability / substance abuse provider organization that meets the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH) and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical quality improvement, and information services infrastructure necessary to provide services. In addition, the provider organization performing jail diversion services must also be endorsed by the LME to provide Community Support Services, and enrolled by Medicaid to provide Community Support Services. Within three years of enrollment as a provider, the organization must have achieved national accreditation. The organization must be established as a legally recognized entity in the United States and qualified / registered to do business as a corporate entity in the State of North Carolina. Only one provider organization per county will be contracted by the LME to perform this service. All staff providing jail diversion services must receive specific training approved by the Justice Systems Team of DMH/DD/SAS. Provider agencies will be responsible for maintaining documentation to verify staff members have completed this required training and have the competencies to provide this service.</p>
12	<p>Staffing Requirements by Age/Disability</p>

	Persons who meet the requirements for Qualified Professional (QP) in mental health according to 10A NCAC 27G.0104, and who have the knowledge, skills, and abilities required by the population, age to be served, and knowledge of work with these individuals in a correctional setting may deliver jail diversion services. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G .0204 and according to licensure or certification requirements of the appropriate discipline. A Certified Clinical Supervisor (CCS) and Licensed Clinical Addiction Specialist (LCAS) may also deliver jail diversion services.
13	<p>Program and Staff Supervision Requirements</p> <p>Jail diversion includes the following services; evaluating jail detainees to establish their eligibility for services and their appropriateness to be diverted from jail and into treatment, completing an assessment of the individual's needs for treatment, their strengths, weaknesses, goals and supports needed, negotiating the detainee's release from jail, and arranging for the jail detainee to receive community services following his or her release from jail. Jail diversion does <u>not</u> include mental health, developmental disability or substance abuse treatment provided to detainees in jail. Jail diversion is also <u>not</u> provided to individuals in the community who are at risk of involvement in the criminal justice system. In addition, jail diversion does <u>not</u> refer to services provided to persons being discharged from jail following the completion of their sentence. The focus of the jail diversion worker is to secure the client's early release from jail, and to arrange for services and supports to meet the needs of this individual in the community.</p> <p>Jail detainees are individually evaluated. Jail diversion is not a group service.</p> <p>Units are billed in fifteen [15] minute increments for no more than eight (8) hours per day for a total of thirty-two (32) units.</p>
14	<p>Requisite Staff Training</p> <p>Staff must attend a yearly one-day training session approved by the Justice Systems Team of NC Division of MH/DD/SAS.</p>
15	<p>Service Type/Setting</p> <p>Jail diversion services are both a direct and an indirect periodic service provided in county jails and detention facilities. These services are not to be provided in state or federal correctional institutions or prisons. Typically, a Jail Diversion worker assesses an inmate for his / her eligibility for participation in the jail diversion service, and negotiates with the district attorney, judge, and defense attorney for the inmate's release from jail. When a release plan is agreed upon by all relevant parties, the jail diversion worker arranges for the inmate to receive the services and supports needed for his / her success in the community.</p>
16	<p>Program Requirements</p> <p>Jail diversion is an individual service, not a group service. There is no client / staff ratio, no maximum caseload size, no frequency of contact requirements and no minimum face-to-face contact requirements.</p>
17	<p>Entrance Criteria</p> <p>Jail Diversion services are based on a screening process developed by the Division of MH/DD/SAS.</p> <p>Jail medical personnel screen each individual detainee for symptoms of mental illness or developmental disability. If an individual displays symptoms of mental illness or developmental</p>

	<p>disability they are referred to jail diversion services.</p> <p>The recipient is eligible for this service when:</p> <ol style="list-style-type: none"> 1. The recipient has a mental health, developmental disabilities, mental illness/substance abuse, and mental illness/developmental disability/substance abuse disorder AND 2. The recipient of this service resides in jail. AND 3. AMH level of care criteria or ASAM criteria are met. AND 4. The recipient of this service would not be of significant risk to the public if he or she were to reside in the community. <p>.</p>
18	<p>Entrance Process</p> <p>Once the referral is received, the jail diversion staff will complete a face-to-face assessment. The assessment is conducted for the purposes of collecting information from the individual and other sources which can identify the range of problems and needs. After the assessment is completed, jail diversion staff will proceed as clinically appropriate.</p> <p>Upon admittance to Jail Diversion services, the staff will identify the initial needs of the consumer and complete and or coordinate an appropriate PCP. While the individual is in jail, Jail Diversion staff will coordinate with the jail medical staff and Sandhills' staff to provide psychiatric treatment. Assessment of the individuals ability to be diverted from jail, based on the person's legal charges, legal history, and history of dangerousness to others in the community will be conducted. The Jail Diversion Team will identify the key individuals participating in the individual's legal issues and schedule a meeting to address the individual's needs and expected outcomes. Jail Diversion staff will work with the individual, attorneys involved, the District Attorney, Judges, Probation Officers, and others to assist the individual in receiving appropriate treatment. Jail Diversion staff will advocate on the individual's behalf and coordinate treatment during the individual's incarceration and once they are released.</p>
19	<p>Continued Stay Criteria</p> <p>Jail diversion is a brief service that is provided to the recipient while he or she is incarcerated in jail. The client may remain a recipient of jail diversion services as long as:</p> <ol style="list-style-type: none"> A. B. The recipient remains in jail, <p>AND</p> <ol style="list-style-type: none"> C. Continues to be an appropriate candidate for jail diversion services <p>AND</p> <ol style="list-style-type: none"> D. Progress continues to be made on negotiating the recipient's release from jail.
20	<p>Discharge Criteria</p> <p>The recipient:</p> <ol style="list-style-type: none"> A. Remains in jail but is no longer deemed an appropriate candidate for jail diversion, or B. No progress is made in negotiating his or her release from jail, or C. The recipient is released from jail.

21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <p>The outcome of this service is to secure the release of individuals with mental illness, developmental disabilities, mental illness/substance abuse, and mental illness/developmental disability/substance abuse disorders from jail, particularly when their incarceration results from behaviors that are due to untreated or under treated mental illness or developmental disability, and when their release back into the community can be done safely. Individuals with mental illness, developmental disabilities and/or dual disorders in jail are identified quickly, assessed for their appropriateness to be diverted from jail, enrolled in mental health treatment and appropriate services. Individuals who are Medicaid eligible will be enrolled in Medicaid as soon as possible following their release from jail.</p> <p>As this service ends upon discharge from jail, the typical outcomes instruments (NC-TOPPS and MH/SA Consumer Satisfaction Survey, Core Indicators, and other such tools) would not be used to measure outcomes of this particular service, but may be used to track the outcomes and satisfaction with services among those consumers who are diverted from jail to treatment in the community.</p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p>X Yes <input type="checkbox"/> No If "No", please explain.</p> <p>Minimum standard is a daily full service note that includes the recipient's name, date of service, purpose of contact, place of the contact, describes the provider's interventions, includes the time spent performing the interventions, the signature and credentials of the staff providing the service.</p>
23	<p>Service Exclusions</p> <p>Jail diversion services are provided only to individuals who are incarcerated in local jails. Jail diversion services can be provided by only one jail diversion provider organization at a time. Only one provider in a county will be authorized by the LME to perform this jail diversion service. The jail diversion provider organization must also be endorsed by the LME and enrolled by Medicaid to provide Community Support Services.</p>
24	<p>Service Limitations</p> <p>Units are billed in fifteen [15] minute increments for no more than eight (8) hours per day for a total of thirty-two (32) units.</p> <p>No prior authorization of this service will be required for the first eight (8) hours per person per calendar month.* However, the jail diversion worker shall obtain prior authorization for the treatment services and supports that will be needed for the consumer in the community once he or she is released from jail.</p> <p>*Note: Authorization by the LME is required if more than eight [8] hours of jail diversion services are needed to assist a consumer within a calendar month.</p>
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <p>Broad support at the federal level for jail diversion programs is evident by grants awarded yearly by</p>

	<p>SAMHSA to establish such programs, and by similar jail diversion grants awarded by the Bureau of Justice Assistance (BJA). North Carolina has been the recipient of both SAMHSA and BJA grants for jail diversion. Support for jail diversion programs is also apparent in the recommendations of the Council of State Government's Criminal Justice / Mental Health Consensus Project, and the President's New Freedom Commission on Mental Health.</p> <p>The evidence for the effectiveness of jail diversion programs has been documented through a great many studies, the results of which were compiled and examined in an article produced by the TAPA Center for Jail Diversion – a branch of the National GAINS Center [1]. The conclusion of their review of the research states that “these findings provide evidence that jail diversion results in positive outcomes for individuals, systems, and communities.”</p> <p>The cost-effectiveness of jail diversion programs have also been well documented through a variety of studies, the results of which were compiled and reported in a 2004 journal article [2]. This article indicates that jail diversion programs result in considerable cost savings to criminal justice systems. Although these costs are often offset by increases in costs to treatment systems in the first year of these programs, overall cost savings are realized in second and subsequent years, as the consumers who are diverted to treatment reduce their usage of jails and costly emergency mental health services and hospitals.</p> <p>[1] The TAPA Center (2004). <i>What can we say about the effectiveness of jail diversion programs for persons with co-occurring disorders?</i> Delmar, NY.</p> <p>[2] Cowell, A., Broner, N. & Dupont, R. (2004). <i>The cost effectiveness of criminal justice diversion programs for people with serious mental illness and co-occurring substance abuse.</i> Journal of Contemporary Criminal Justice, V. 20, No. 3., p. 292-314.</p>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p> <p>Provider will gather, maintain, and transmit information in the form of a record on individuals/consumers engaged and submit to the LME on a quarterly basis for a period of one year the following information. (This process can be extended as needed for longitudinal studies for long term efficacy outcomes):</p> <p>1) Consumer eligibility as determined by the following:</p> <p>a) Consumer is experiencing a serious mental illness, emotional disturbance, or a developmental disability as evidenced by a primary DSM-IV-TR diagnosis (and can be accompanied by a DSM-IV-TR substance abuse diagnosis).</p> <p>b) The Consumer is at risk of charge or conviction of a misdemeanor or non-violent felony and</p> <p>c) The Consumer's behavior that manifested in criminality was driven by the symptoms of their Mental Illness/Developmental Disability (which can be accompanied by a DSM-IV-TR Substance Abuse/Dependence diagnosis).</p> <p>2) Initial demographic/consumer defining information to include the following :</p> <p>Gender Race/Ethnicity Age Principal Psychiatric Diagnosis</p>

	<p>Substance Abuse Diagnosis (when applicable)</p> <p>Health Issues</p> <p>Homeless/Housing</p> <p>Most serious current charge</p> <p>Prior convictions</p> <p># Prior arrests (all/lifetime – as information is available)</p> <p># Prior arrests (last year)</p> <p># Jail Days (past year to present)</p> <p>GAF score</p> <p>Community Safety</p> <p># Of arrests after engagement</p> <p>Retention</p> <p>Is Consumer remaining actively engaged in services? Yes/No</p> <p>What services does the Consumer remain engaged in? List/Itemize</p> <p>When did consumer drop out? (if applicable)</p> <p>Treatment/Services</p> <p>What treatment/services is client receiving? (e.g. medication checks/monitoring, counseling, community support, case management, substance abuse treatment or counseling)</p> <p>What treatment/services are available to the consumer?</p> <p>Is an integrated model of service delivery being employed? (i.e. Team involvement in MI/DD/SA treatment issues)</p> <p>Housing – type</p> <p>Homeless—transitioning to shelter</p> <p>Homeless—in a shelter or family/friend's home</p> <p>Structured housing (e.g. group home, half-way house)</p> <p>Independent living (supervised or unsupervised—specify)</p> <p>3) Out Come Measures--Yearly (summation of all Consumers involved in program)</p> <p>Community Safety</p> <p>Arrest differential: 12 months before 12 months after</p> <p>Retention</p> <p>% Remaining in program after 1 year.(based on # of total participants)</p> <p>Point at which consumers who did not complete the program dropped out. (at day(s), Weeks, months)</p> <p>Treatment/Services</p> <p>% of Consumers receiving services/supports &</p> <p>Treatment availability and how utilized based on:</p> <p>The # of Consumers receiving treatment and supports &</p> <p>The types of services utilized &</p> <p>The % of consumers using each service</p> <p>Cost of services provided for the year.</p> <p>Housing</p> <p># of Consumers Homeless at Intake</p> <p># of Consumers with housing after 12 months</p> <p>Types of Housing utilized with cost/month totaled for year.</p>
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	LME Additional Explanatory Detail (<i>as needed</i>)